

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**Western District Of North Carolina**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:  
☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Tahelia  
First name  
Qunea  
Middle name  
Eddings  
Last name  
\_\_\_\_\_  
Suffix (Sr., Jr., II, III)

Jeffrey  
First name  
Lamonte  
Middle name  
Eddings  
Last name  
Junior  
Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Tahelia  
First name  
\_\_\_\_\_  
Middle name  
Torrence  
Last name  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

Jeffrey  
First name  
Lamont  
Middle name  
Eddings, Jr.  
Last name  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 3 3 8 9  
OR  
9 xx - xx - \_\_\_\_\_

xxx - xx - 0 6 9 3  
OR  
9 xx - xx - \_\_\_\_\_

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

164 Alexander Farm Road

Number Street

Harmony

City

NC

State

28634

ZIP Code

IREDELL

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City

State

ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

☒ No

☐ Yes. What is the hazard? \_\_\_\_\_

\_\_\_\_\_  
If immediate attention is needed, why is it needed? \_\_\_\_\_

\_\_\_\_\_  
Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** s/Tahelia Zunea Eddings

Signature of Debtor 1

Executed on 09/12/2019

MM / DD / YYYY

**X** s/Jeffrey Lamonte Eddings

Signature of Debtor 2

Executed on 09/12/2019

MM / DD / YYYY

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

s/Robert H Gourley Jr.

Signature of Attorney for Debtor

Date

09/12/2019

MM / DD / YYYY

Robert H Gourley Jr.

Printed name

Law Offices of Robert H. Gourley Jr. P.A.

Firm name

249 E. Broad Street

Number Street

Stateville

City

NC

State

28677

ZIP Code

Contact phone (704) 872-5051

Email address bgourleyjr@ggglaw.com

19034

Bar number

NC

State

Fill in this information to identify your case and this filing:

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. Dtrs live in home owned by family. They  
Street address, if available, or other description  
have not owned or assisted in purchase.

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)



1.3. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_ →

\$0.00

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1. Make: Toyota  
 Model: Highlander  
 Year: 2014  
 Approximate mileage: 102161+  
 Other information:

VIN#ES017145. KBB listed.

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$14,095.00

\$14,092.00

If you own or have more than one, describe here:

3.2. Make: Mercury  
 Model: Montego  
 Year: 2006  
 Approximate mileage: 171107+  
 Other information:

VIN# 1MEFM40186G600309. Not running. KBB listed.

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$3,765.00

\$3,765.00

3.3. Make: Oldsmobile

Model: See 1

Year: 1995

Approximate mileage: unkn

Other information:

VIN# 1G3WH12M6SD342492. Not running. KBB \$248. Dtr est listed

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$200.00

\$200.00

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No☐ Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$18,057.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... Bedroom Dining room Living room furniture All Appliances Mower Toys Dishes, pots, Misc kitchen misc.

\$1,200.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... TVs PS4 Computer Printer Phones Games

\$2,970.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... All Clothing

\$300.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... Wedding ring; wedding band

\$160.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe..... Dog

\$20.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$4,650.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes ..... Cash: ..... **\$80.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes ..... Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	<u>Prepaid Card</u>	<b>\$718.67</b>
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No

Name of entity:

% of ownership:

<input type="checkbox"/> Yes. Give specific information about them. ....	_____	_____ %	\$ _____
	_____	_____ %	\$ _____
	_____	_____ %	\$ _____

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them. ....

Issuer name:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately..

Type of account:

Institution name:

401(k) or similar plan: \_\_\_\_\_

\$ \_\_\_\_\_

Pension plan: \_\_\_\_\_

\$ \_\_\_\_\_

IRA: \_\_\_\_\_

\$ \_\_\_\_\_

Retirement account: \_\_\_\_\_

\$ \_\_\_\_\_

Keogh: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes.....

Institution name or individual:

Electric: Energy United

\$400.00

Gas: \_\_\_\_\_

\$ \_\_\_\_\_

Heating oil: \_\_\_\_\_

\$ \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

\$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

\$ \_\_\_\_\_

Telephone: \_\_\_\_\_

\$ \_\_\_\_\_

Water: \_\_\_\_\_

\$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \$ \_\_\_\_\_

State: \$ \_\_\_\_\_

Local: \$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information. ....

Alimony: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

Support: \$ \_\_\_\_\_

Divorce settlement: \$ \_\_\_\_\_

Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☐ No☒ Yes. Describe each claim. .... Dtr 2 just lost his job. He hopes to qualify for unemployment while he searches for new employment.

\$0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$1,198.67

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe. ....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe. ....

\$ \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe .....

\$

**41. Inventory**☒ No☐ Yes. Describe .....

\$

**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe ..... Name of entity:

% of ownership:

%

\$

%

\$

%

\$

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe .....

\$

**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .....

\$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals***Examples: Livestock, poultry, farm-raised fish*☒ No☐ Yes .....

\$



## 48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes .....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes .....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$ \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

## 55. Part 1: Total real estate, line 2 .....



\$0.00

56. Part 2: Total vehicles, line 5 \$18,057.00

57. Part 3: Total personal and household items, line 15 \$4,650.00

58. Part 4: Total financial assets, line 36 \$1,198.67

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61. ....

\$23,905.67

Copy personal property total →

+ \$23,905.67

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$23,905.67

**Attachment**

**Debtor: Tahelia Qunea Eddings Case No:**

**Attachment 1**

**Cutlas Supreme**

**Fill in this information to identify your case:**

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

**04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

**Part 1: Identify the Property You Claim as Exempt**

**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: '06 Mercury	\$3,765.00	<input checked="" type="checkbox"/> \$ 3,765.00	G.S. § 1C-1601(a)(3)
Line from <i>Schedule A/B</i> : 3,2		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(2)
Brief description: HHG/Furniture	\$1,200.00	<input checked="" type="checkbox"/> \$ 1,200.00	G.S. § 1C-1601(a)(4)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Electronics	\$2,970.00	<input checked="" type="checkbox"/> \$ 2,970.00	G.S. § 1C-1601(a)(4)
Line from <i>Schedule A/B</i> : 7		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1

Tahelia Qunea Eddings

Document

Page 20 of 74

Case number (if known)

First Name

Middle Name

Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: Clothes Line from Schedule A/B: 11	\$300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Brief description: Jewelry Line from Schedule A/B: 12	\$160.00	<input checked="" type="checkbox"/> \$ 160.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Brief description: Dog Line from Schedule A/B: 13	\$20.00	<input checked="" type="checkbox"/> \$ 20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Brief description: Cash on hand Line from Schedule A/B: 16	\$80.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1-362
Brief description: Energy United Line from Schedule A/B: 22	\$400.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(2)
Brief description: Prepaid card Line from Schedule A/B: 17.6	\$718.67	<input checked="" type="checkbox"/> \$ 718.67 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1-362
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
--	--	--

2.1	<b>American Credit Acceptance</b> <small>Creditor's Name</small> <u>961 E Main St.</u> <small>Number Street</small>  <u>Spartanburg</u> <u>SC</u> <u>29302</u> <small>City State ZIP Code</small>  <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  <b>Date debt was incurred</b> <u>8/18/18</u>	<b>Describe the property that secures the claim:</b> <u>2014 Toyota Highlander with 102161+ miles.</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____  <b>Last 4 digits of account number</b> <u>7 1 0 9</u>	<u>\$23,806.52</u>	<u>\$14,524.00</u>	<u>\$9,282.52</u>
2.2	<b>Kimbrell's</b> <small>Creditor's Name</small> <u>146 E. Broad Street</u> <small>Number Street</small>  <u>Statesville</u> <u>NC</u> <u>28677</u> <small>City State ZIP Code</small>  <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  <b>Date debt was incurred</b> <u>10/2018</u>	<b>Describe the property that secures the claim:</b> <u>Bedframe</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____  <b>Last 4 digits of account number</b> <u>9 8 2 6</u>	<u>\$420.65</u>	<u>\$100.00</u>	<u>\$320.65</u>
<b>Add the dollar value of your entries in Column A on this page. Write that number here:</b>			<u>\$24,227.17</u>		

Debtor 1 Tahelia Qunea Eddings Case number (if known)

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.3	<p><b>Mariner Finance</b> Creditor's Name</p> <p>203 Eastside Dr. Number Street</p> <p>Statesville NC 28625 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 9/2016</p>	<p><b>Describe the property that secures the claim:</b></p> <p>95 Oldsmobile</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number 1 2 9 3</p>	\$2,718.95	\$200.00	\$2,518.95
2.4	<p>Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred</p>	<p><b>Describe the property that secures the claim:</b></p> <p></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number</p>	\$	\$	\$
2.5	<p>Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred</p>	<p><b>Describe the property that secures the claim:</b></p> <p></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number</p>	\$	\$	\$
Add the dollar value of your entries in Column A on this page. Write that number here:		\$2,718.95			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$26,946.12			

## Fill in this information to identify your case:

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div>2.1</div> <div> <div>Priority Creditor's Name</div> <div> <div>Last 4 digits of account number</div> <div>\$</div> <div>\$</div> <div>\$</div> </div> </div> <div> <div>When was the debt incurred?</div> <div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> </div> </div> <div> <div>Who incurred the debt? Check one.</div> <div> <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt </div> </div> <div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes </div> </div> <div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____ </div> </div>			
<div>2.2</div> <div> <div>Priority Creditor's Name</div> <div> <div>Last 4 digits of account number</div> <div>\$</div> <div>\$</div> <div>\$</div> </div> </div> <div> <div>When was the debt incurred?</div> <div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> </div> </div> <div> <div>Who incurred the debt? Check one.</div> <div> <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt </div> </div> <div> <div>Is the claim subject to offset?</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes </div> </div> <div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____ </div> </div>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>Allied Financial Svc</b> Nonpriority Creditor's Name <b>209 Eastside Dr.</b> Number Street <b>Statesville NC 28625</b> City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 0</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>See Attachment 1</u>	\$4,092.86
4.2	<b>Avante USA</b> Nonpriority Creditor's Name <b>3600 S Gressner Rd. Ste 225</b> Number Street <b>Houston TX 77063</b> City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 0 3 6</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u>	\$683.06
4.3	<b>Avante USA</b> Nonpriority Creditor's Name <b>3600 S Gressner Rd. Ste 225</b> Number Street <b>Houston TX 77063</b> City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 0 2</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u>	\$268.00



**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4

**Babcock Corp**

Nonpriority Creditor's Name

200 N Phosphate Blvd.

Number Street

Mulberry

FL

33860

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 7 1 1

\$683.06

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.5

**Babcock Corp**

Nonpriority Creditor's Name

200 N Phosphate Blvd.

Number Street

Mulberry

FL

33860

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 5 9 8

\$241.09

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.6

**Bank of America**

Nonpriority Creditor's Name

P.O. Box 15284

Number Street

Wilmington

DE

19886-5220

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 7 1 0

\$365.20

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.7****Basic Finance**

Nonpriority Creditor's Name

301 East Front St.

Number Street

Statesville

NC

28677

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 5 1 8 7

\$790.72

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan**4.8****Basic Finance**

Nonpriority Creditor's Name

301 E Front St.

Number Street

Statesville

NC

28677

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 5 1 0 9

\$875.84

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan**4.9****BBT**

Nonpriority Creditor's Name

200 West Second St.

Number Street

Winston-Salem

NC

27101

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 3 8 8 1

\$718.02

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.10

**Capital Collection Svcs**

Nonpriority Creditor's Name

**P.O. Box 150**

Number Street

**W Berlin**

City

**NJ**

State

**08091**

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0 8 8 8

\$59.64

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.11

**Capital One**

Nonpriority Creditor's Name

**P.O. Box 71083**

Number Street

**Charlotte**

City

**NC**

State

**28272**

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 1 3 9 3

\$320.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.12

**CBE Group**

Nonpriority Creditor's Name

**131 Tower Park Dr., Suite 100**

Number Street

**Waterloo**

City

**IA**

State

**50701**

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 4 2 0 8

\$163.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.13**Charlotte Radiology

Nonpriority Creditor's Name

PO Box 30488

Number Street

Charlotte

City

NC

State

28230

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 9 9 9 2

\$4,092.86

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services**4.14**Check City

Nonpriority Creditor's Name

2729-B West Broad St.

Number Street

Richmond

City

VA

State

23220

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 2 9 6 3

\$574.15

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan**4.15**Creekside Finance

Nonpriority Creditor's Name

1546 East Broad Street

Number Street

Statesville

City

NC

State

28625

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 4 4 0 1

\$346.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.16

**CU Recovery**

Nonpriority Creditor's Name

26263 Forest Blvd.

Number Street

Wyoming

MN

55092

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 6 3 7

\$1,026.98

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.17

**Dept of Ed/Nelnet**

Nonpriority Creditor's Name

3015 Parker Rd. Ste 400

Number Street

Aurora

CO

80014

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$25,000.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.18

**Diversified Consultants**

Nonpriority Creditor's Name

10550 Deerwood Park Blvd #309

Number Street

Jacksonville

FL

32256

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 5 1 9 8

\$1,575.41

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify NEED INFO

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19

Diversified Loan Consultants/Charter

Nonpriority Creditor's Name

P.O. Box 551268

Number Street

Jacksonville

FL

32255

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 5 2 7 0

\$404.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.20

Dr. Timothy Burgiss

Nonpriority Creditor's Name

P.O. Box 70

Number Street

Union Grove

NC

28689

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 4 9 1 2

\$265.59

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.21

Energy United

Nonpriority Creditor's Name

PO Box 1831

Number Street

Statesville

NC

28687

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.22

Enhanced Recovery Co.

Nonpriority Creditor's Name

P.O. Box 57547

Number Street

Jacksonville

FL 32241

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 8 8 2

\$403.79

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.23

Financial Corporation of America

Nonpriority Creditor's Name

P.O. Box 203500

Number Street

Austin

TX 78720

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 8 1 9

\$511.95

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.24

Fingerhut

Nonpriority Creditor's Name

P.O. Box 166

Number Street

Newark

NJ

7101

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 5 4 5

\$198.15

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25

Fingerhut/Web Bank

Nonpriority Creditor's Name

6250 Ridgewood Road

Number Street

St. Cloud

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 8 8 2

\$174.61

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.26

Franklin Collection Svc.

Nonpriority Creditor's Name

Attn: Bankruptcy Clerk, PO Box 3910

Number Street

Tupelo

MS

38803

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 1 0 7

\$429.88

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.27

Henrico County Utilities

Nonpriority Creditor's Name

c/o Ballato Law Firm 3721 Western Pkwy

Number Street

Richmond

VA

23233

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5 8 7 1

\$1,372.12

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify See Attachment 2



**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28

Iredell Memorial Hospital

Nonpriority Creditor's Name

P.O. Box 1828

Number Street

Statesville

NC

28687

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 7 5 3 7

\$762.58

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.29

Iredell Radiology

Nonpriority Creditor's Name

P.O. Box 671

Number Street

Statesville

NC

28687

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 5 8 9 1

\$34.08

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.30

KRS Holdings

Nonpriority Creditor's Name

c/o Dankos Gordon &amp; Tucker PC 1360 E Parham Rd. #200

Number Street

Richmond

VA

23228

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 8 5 2 4

\$4,029.73

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify See Attachment 3

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.31****KRS Holdings**

Nonpriority Creditor's Name

c/o Dankos Gordon &amp; Tucker PC 1360 E Parham Rd. #200

Number Street

Richmond

VA

23228

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$658.62

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify See Attachment 4**4.32****MCV Physicians**

Nonpriority Creditor's Name

c/o Parrish &amp; LeBar 5 E Franklin St.

Number Street

Richmond

VA

23219

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 5 2 4

\$1,111.63

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify See Attachment 5**4.33****NRS BPO LLC**

Nonpriority Creditor's Name

1930 Olney Ave

Number Street

Cherry Hill

NJ

08003

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 4 4 0 1

\$818.35

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.34****Parrish & Lebar**

Nonpriority Creditor's Name

**5 E. Franklin St.**

Number Street

**Richmond**

City

**VA**

State

**23219**

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 8 1 3 3**\$912.39****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections**4.35****Piedmont Healthcare**

Nonpriority Creditor's Name

**P.O. Box 1845**

Number Street

**Statesville**

City

**NC**

State

**28687**

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 3 4 0 9**\$1,356.08****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services**4.36****Professional Recovery Consultants**

Nonpriority Creditor's Name

**2700 Meridian Pkwy Ste 200**

Number Street

**Durham**

City

**NC**

State

**27713**

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 1 0 7 3**\$511.95****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37

**Receivables Performance**

Nonpriority Creditor's Name

20816 44th Ave W

Number Street

Lynwood

City

WA

State

98036

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$429.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

4.38

**Renaissance Glenwood LP**

Nonpriority Creditor's Name

c/o Solodar &amp; Solodar 4825 Radford Ave #201

Number Street

Richmond

City

VA

State

23230

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$499.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify See Attachment 6

4.39

**Stern Recovery Svcs**

Nonpriority Creditor's Name

415 N Edgewood St. Ste 210

Number Street

Greensboro

City

NC

State

27401

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 9 5 0 5

\$313.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collections

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.40****Suntrust**

Nonpriority Creditor's Name

**P.O. Box 305183**

Number Street

**Nashville****TN****37230**

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 4 5 9 3**\$2,034.46****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan**4.41****Suntrust**

Nonpriority Creditor's Name

**P.O. Box 305183**

Number Street

**Nashville****TN****37230**

City

State

ZIP Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0 5 7 7**\$151.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan**4.42****Verizon Wireless**

Nonpriority Creditor's Name

**P.O. Box 660108**

Number Street

**Dallas****TX****75266**

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0 0 0 1**\$2,012.67****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

## Total claim

☒ Other. Specify **Personal Loan**

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.46

Woodforest National Bank

Nonpriority Creditor's Name

P.O. Box 7889

Number Street

The Woodlands TX 77381

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$580.28

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.47

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.48

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims  
from Part 1**

6a. Domestic support obligations

6a. \$ \_\_\_\_\_

6b. Taxes and certain other debts you owe the government

6b. \$ \_\_\_\_\_

6c. Claims for death or personal injury while you were intoxicated

6c. \$ \_\_\_\_\_

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ \_\_\_\_\_

**Total claim****Total claims  
from Part 2**

6f. Student loans

6f. \$25,000.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$38,229.72

6j. Total. Add lines 6f through 6i.

6j. \$63,229.72



**Attachment**  
**Debtor: Tahelia Qunea Eddings Case No:**

**Attachment 1**

Deficiency: Allied Financial Svcs v. Jeffrey Eddings & Tahelia Eddings, 19 CVM 449, Iredell County Magistrate Court, Statesville, NC .

**Attachment 2**

Gen Svcs: Judgment: Henrico County Public Utilities v. Tahelia Torrence, Richmond City Courts, Richmond, VA

**Attachment 3**

Housing; Jud: KRS Holdings v. Jeffrey L Eddings Jr., GV130019341-00, Henrico Cty Courts, Henrico County, VA Filed 6/18/2013.

**Attachment 4**

Housing; Jud: KRS Holdings v. Jeffrey Eddings Jr., GV13002740-00, Henrico Cty Courts, Henrico Cty, VA Filed 6/11/2013

**Attachment 5**

Med Svcs; Jud: MCV Physicians v. Jeffrey Eddings Jr. GV10030815-00, Richmond City Courts, Richmond, VA Filed 8/18/2010

**Attachment 6**

NEED; Jud: Renaissance Glenwood LP v. Tahelia Torrence, GV12023985-00, Henrico County Courts, Henrico Cty, VA Filed 10/31/2012

Fill in this information to identify your case:

Debtor **Tahelia Qunea Eddings**  
First Name Middle Name Last Name

Debtor 2 **Jeffrey Lamonte Eddings**  
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of North Carolina**

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	Debtors live in a home owned by family. They have never owned nor did they assist the owner in purchasing this property.
2.2	<p><b>Progressive Leasing</b></p> <p>Name _____</p> <p><b>256 W Data Dr</b></p> <p>Number _____ Street _____</p> <p><b>Draper UT 84020</b></p> <p>City _____ State _____ ZIP Code _____</p>	Furniture, Mattress set and vaccum
2.3	<p><b>Progressive Leasing</b></p> <p>Name _____</p> <p><b>256 W Data Dr.</b></p> <p>Number _____ Street _____</p> <p><b>Draper UT 84020</b></p> <p>City _____ State _____ ZIP Code _____</p>	Christmas tree
2.4	<p><b>Pineview Builders</b></p> <p>Name _____</p> <p><b>933 Tomlin Mill Rd</b></p> <p>Number _____ Street _____</p> <p><b>Statesville NC 28625</b></p> <p>City _____ State _____ ZIP Code _____</p>	Lease on storage building
2.5	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	

Fill in this information to identify your case:

Debtor 1 **Tahelia Qunea Eddings**  
First Name Middle Name Last Name

Debtor 2 **Jeffrey Lamonte Eddings**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of North Carolina**

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

**Linda Atkins**

Name

**4708 Delmont St.**

Number Street

**Richmond**

**VA**

**23222**

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☒ Schedule E/F, line **4.18**

☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Tahelia Qunea Eddings**  
First Name Middle Name Last Name

Debtor 2 **Jeffrey Lamonte Eddings**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of North Carolina**

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☐ Employed  
☒ Not employed

- ☒ Employed  
☐ Not employed

#### Occupation

\_\_\_\_\_

#### Employer's name

\_\_\_\_\_

#### Employer's address

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

How long employed there? \_\_\_\_\_

City State ZIP Code

\_\_\_\_\_

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **\$0.00**

**\$0.00**

3. **Estimate and list monthly overtime pay.**

3. **+\$0.00**

**+\$0.00**

4. **Calculate gross income.** Add line 2 + line 3.

4. **\$0.00**

**\$0.00**

Debtor 1

**Tahelia Qunea Eddings**  
First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here ..... ➔ 4.	\$0.00	\$0.00	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$0.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00	
5e. Insurance	5e. \$0.00	\$0.00	
5f. Domestic support obligations	5f. \$0.00	\$0.00	
5g. Union dues	5g. \$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	\$0.00	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00	
8b. Interest and dividends	8b. \$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00	
8d. Unemployment compensation	8d. \$0.00	\$0.00	
8e. Social Security	8e. \$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$	\$0.00	
8g. Pension or retirement income	8g. \$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$0.00	\$0.00	= \$0.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. \$0.00	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 2px;">See Attachment 1</span>			

**Attachment**  
**Debtor: Tahelia Qunea Eddings Case No:**

**Attachment 1**

Dtr 1 lost his job on 9/11/19. He is actively looking for other employment. In the meantime, he hopes to qualify for unemployment benefits.

**Fill in this information to identify your case:**

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106J

# **Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Son

7

- ☐ No
- ☒ Yes

Daughter

5

- ☐ No
- ☒ Yes

Son

2

- ☐ No
- ☒ Yes

Son

0

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$200.00

**If not included in line 4:**

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$10.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$100.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1

**Tahelia Qunea Eddings**

First Name

Middle Name

Last Name

Case number (if known)

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. <u>\$0.00</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. <u>\$200.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$30.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$479.00</u>
6d. Other. Specify: <u>Trash removal</u>	6d. <u>\$13.33</u>
7. <b>Food and housekeeping supplies</b>	7. <u>\$800.00</u>
8. <b>Childcare and children's education costs</b>	8. <u>\$0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. <u>\$100.00</u>
10. <b>Personal care products and services</b>	10. <u>\$150.00</u>
11. <b>Medical and dental expenses</b>	11. <u>\$0.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$200.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. <u>\$100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. <u>\$0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$0.00</u>
15b. Health insurance	15b. <u>\$0.00</u>
15c. Vehicle insurance	15c. <u>\$200.00</u>
15d. Other insurance. Specify: _____	15d. <u>\$0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. <u>\$591.00</u>
17b. Car payments for Vehicle 2	17b. <u>\$150.00</u>
17c. Other. Specify: <u>Furniture</u>	17c. <u>\$300.00</u>
17d. Other. Specify: <u>Storage Bldg</u>	17d. <u>\$128.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. <u>\$0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. <u>\$0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. <u>\$0.00</u>
20b. Real estate taxes	20b. <u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e. <u>\$0.00</u>



Debtor 1

**Tahelia Qunea Eddings**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: \_\_\_\_\_

21. **+\$0.00** \_\_\_\_\_

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

**\$3,751.33**

\$

22. **\$3,751.33**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$0.00** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. **-\$3,751.33** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$-3,751.33**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**Fill in this information to identify your case:**

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*..... \$ 0.00

1b. Copy line 62, Total personal property, from *Schedule A/B*..... \$ 23,905.67

1c. Copy line 63, Total of all property on *Schedule A/B*..... \$ 23,905.67

#### Part 2: Summarize Your Liabilities

##### Your liabilities Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*..... \$ 26,946.12

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ 0.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... + \$ 63,229.72

**Your total liabilities** \$ 90,175.84

#### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*..... \$ 0.00

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of *Schedule J*..... \$ 3,751.33

Debtor 1

**Tahelia Qunea Eddings**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$ 2,695.72**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<b>\$0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<b>\$0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<b>\$0.00</b>
9d. Student loans. (Copy line 6f.)	<b>\$6,524.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<b>\$0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+ \$0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$6,524.00</b>

Fill in this information to identify your case:

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** s/Tahelia Zunea Eddings  
Signature of Debtor 1

**X** s/Jeffrey Lamonte Eddings  
Signature of Debtor 2

Date 09/12/2019  
MM / DD / YYYY

Date 09/12/2019  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
<input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$978.53	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$22,748.39
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$6,861.76	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36,995.33
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,643.21	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,260.36

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For last calendar year:</b> (January 1 to December 31, _____) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, _____) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1 Tahelia Qunea Eddings  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
American Credit Acceptance <small>Creditor's Name</small>	06/26/19	\$2,398.29	\$23,806.52	<input type="checkbox"/> Mortgage
961 E Main St. <small>Number Street</small>	08/02/19			<input checked="" type="checkbox"/> Car
	08/16/19			<input type="checkbox"/> Credit card
Spartanburg SC 29302 <small>City State ZIP Code</small>	See Attachment 1			<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
 Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
 Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
 Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
 Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name  Number Street  City State ZIP Code		\$	\$	
Insider's Name  Number Street  City State ZIP Code		\$	\$	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name  Number Street  City State ZIP Code		\$	\$	
Insider's Name  Number Street  City State ZIP Code		\$	\$	



Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

First Name

Middle Name

Last Name

Case number (if known).

☒ No

☐ Yes. Fill in the details.

		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name				
Number	Street			\$
City	State	ZIP Code	Last 4 digits of account number: XXXX-	

☐ No☐ Yes

## Part 5: List Certain Gifts and Contributions

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<div> <div>Person to Whom You Gave the Gift</div> <div></div> <div></div> <div></div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> <div>Person's relationship to you</div> </div>		<div></div> <div></div>	<div>\$</div> <div>\$</div>
<div> <div>Person to Whom You Gave the Gift</div> <div></div> <div></div> <div></div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> <div>Person's relationship to you</div> </div>		<div></div> <div></div>	<div>\$</div> <div>\$</div>

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
City State ZIP Code			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		\$
		\$
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1

Tahelia Qunea Eddings

First Name Middle Name Last Name

Case number (if known)

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Email or website address</p> <p>Person Who Made the Payment, if Not You</p>		\$
		\$

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p>		\$
		\$

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		

Debtor 1 Tahelia Qunea Eddings Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made
_____		_____
_____		

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
United Federal Credit Union <small>Name of Financial Institution</small> 209 Turnersburg Hwy <small>Number Street</small> _____ Statesville NC 28625 <small>City State ZIP Code</small>	XXXX-____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	1/7/19	\$-1,026.98
Bank of America <small>Name of Financial Institution</small> 113 W Broad St. <small>Number Street</small> _____ Statesville NC 28677 <small>City State ZIP Code</small>	XXXX-____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/9/19	\$-365.20

See Attachment 2

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<p>Name of Storage Facility</p> <p>Number Street</p> <p>City State ZIP Code</p>		<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
<p>Owner's Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p>Number Street</p> <p>City State ZIP Code</p>	<p>\$</p>

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<p>Name of site</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p>Governmental unit</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p></p>

Debtor 1

Tahelia Qunea Eddings

First Name

Middle Name

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street		
Case number	City State ZIP Code		

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _____ - _____
	Name of accountant or bookkeeper	Dates business existed
Number Street		From _____ To _____
City State ZIP Code		
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _____ - _____
	Name of accountant or bookkeeper	Dates business existed
Number Street		From _____ To _____
City State ZIP Code		

Debtor 1

Tahelia Qunea Eddings

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_ - \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name


MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 s/Tahelia Zunea Eddings

Signature of Debtor 1

 s/Jeffrey Lamonte Eddings

Signature of Debtor 2

Date 09/12/2019

Date 09/12/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



**Attachment**  
**Debtor: Tahelia Qunea Eddings Case No:**

**Attachment 1**

Additional Payments Benefiting : September 12, 2019

**Attachment 2 Additional Closed Financial Accounts:**

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37230

Last 4 Digits of Account Number:

Type of Account: Checking

Date Closed: 6/19

Final Balance: -2,034.46

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37230

Last 4 Digits of Account Number:

Type of Account:

Date Closed: 7/2019

Final Balance: \$-151.00

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37830

Last 4 Digits of Account Number:

Type of Account: Savings

Date Closed: 7/19

Final Balance: \$0.00

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37830

Last 4 Digits of Account Number:

Type of Account: Savings

Date Closed: 6/19

Final Balance: \$0.00

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37830

Last 4 Digits of Account Number:

Type of Account: Checking

Date Closed: 6/2019

Final Balance: \$0.00

Name of Financial Institution: Suntrust

Address: P.O. Box 305183, Nashville, TN 37230

Last 4 Digits of Account Number:

Type of Account: Checking

Date Closed: 8/31/19

Final Balance: \$73.00

**Fill in this information to identify your case:**

Debtor 1 Tahelia Quenea Eddings  
First Name Middle Name Last Name

Debtor 2 Jeffrey Lamonte Eddings  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District Of North Carolina

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Hold Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>American Credit Acceptance</b>  Description of property securing debt: <b>2014 Toyota Highlander with 102161+ miles.</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: <b>Kimbrell's</b>  Description of property securing debt: <b>Bedframe</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: <b>Mariner Finance</b>  Description of property securing debt: <b>'95 Oldsmobile</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <b>reaffirm for value.</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Your name **Tahelia Qunea Eddings** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: <b>Progressive Leasing</b>	<input checked="" type="checkbox"/> No
Description of leased property: <b>Furniture, Mattress set, Vacuum</b>	<input type="checkbox"/> Yes
Lessor's name: <b>Progressive Leasing</b>	<input checked="" type="checkbox"/> No
Description of leased property: <b>Christmas tree</b>	<input type="checkbox"/> Yes
Lessor's name: <b>Pineview Builders</b>	<input type="checkbox"/> No
Description of leased property: <b>Lease on storage building</b>	<input checked="" type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** **s/Tahelia Zunea Eddings**  
 Signature of Debtor 1

Date **09/12/2019**  
 MM / DD / YYYY

**X** **s/Jeffrey Lamonte Eddings**  
 Signature of Debtor 2

Date **09/12/2019**  
 MM / DD / YYYY

## Fill in this information to identify your case:

Debtor 1 **Tahelia Qunea Eddings**  
 First Name Middle Name Last Name

Debtor 2 **Jeffrey Lamonte Eddings**  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number \_\_\_\_\_  
 (If known)

## Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$0.00	\$2,695.72																
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00																
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00																
5. <b>Net income from operating a business, profession, or farm</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from a business, profession, or farm	\$0.00	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from rental or other real property	\$0.00
Debtor 1	Debtor 2																	
Gross receipts (before all deductions)	\$ _____																	
Ordinary and necessary operating expenses	— \$ _____ — \$ _____																	
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Debtor 1	Debtor 2																	
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Ordinary and necessary operating expenses	— \$ _____ — \$ _____																	
Net monthly income from rental or other real property	\$0.00																	
6. <b>Net income from rental and other real property</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from rental or other real property	\$0.00	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from rental or other real property	\$0.00
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Ordinary and necessary operating expenses	— \$ _____ — \$ _____																	
Net monthly income from rental or other real property	\$0.00																	
7. <b>Interest, dividends, and royalties</b>	\$0.00	\$0.00																

Debtor 1 **Tahelia Qunea Eddings**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  $\downarrow$

For you ..... \$ 0.00

For your spouse ..... \$ 0.00

\$0.00

\$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$0.00

\$0.00

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total amounts from separate pages, if any.

+ \$0.00

+ \$0.00

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$0.00

+

\$2,695.72

=

\$2,695.72

Total current  
monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. .... Copy line 11 here  $\rightarrow$

\$2,695.72

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$32,348.64

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

North Carolina

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household. .... 13.

\$94,021.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** s/Tahelia Zunea Eddings

Signature of Debtor 1

Date 09/12/2019

MM / DD / YYYY

**X** s/Jeffrey Lamonte Eddings

Signature of Debtor 2

Date 09/12/2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

United States Bankruptcy Court  
WESTERN DISTRICT OF NORTH CAROLINA

In re **Tahelia Qunea Eddings and Jeffrey Lamonte Eddings**

Case No. \_\_\_\_\_

Debtor

Chapter **7** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$1,400.00** \_\_\_\_\_

Prior to the filing of this statement I have received ..... **\$1,400.00** \_\_\_\_\_

Balance Due ..... **\$0.00** \_\_\_\_\_

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~

e. [Other provisions as needed]

**Exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods—see fee contract.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Representation of the debtor(s) in any dischargeability actions, judicial lien avoidances, relief from stay actions; any other adversary proceedings; negotiations with secured creditors to reduce market value; preparation and filing of reaffirmation agreements and applications as needed—see fee contract.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 12, 2019  
Date

s/Robert H Gourley Jr.  
Signature of Attorney

Law Offices of Robert H. Gourley Jr. P.A.  
Name of law firm

UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina

In re: **Tahelia Qunea Eddings and Jeffrey Lamonte Eddings**  
Debtors

Case No. \_\_\_\_\_  
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **September 12, 2019**

Signed: **s/Tahelia Zunea Eddings**

Dated: **September 12, 2019**

Signed: **s/Jeffrey Lamonte Eddings**



Tahelia Qunea Eddings  
164 Alexander Farm Road  
Harmony, NC 28634

Jeffrey Lamonte Eddings  
164 Alexander Farm Road  
Harmony, NC 28634

Robert H Gourley Jr.  
249 E. Broad Street  
Statesville, NC 28677

Allied Financial Svc  
209 Eastside Dr.  
Statesville, NC 28625

American Credit Acceptance  
961 E Main St.  
Spartanburg, SC 29302

Avante USA  
3600 S Gressner Rd. Ste 225  
Houston, TX 77063

Babcock Corp  
200 N Phosphate Blvd.  
Mulberry, FL 33860

Bank of America  
P.O. Box 15284  
Wilmington, DE 19886-5220

Bankruptcy Administrator  
402 W. Trade Street, Ste 200  
Charlotte, NC 28202-1673

Basic Finance  
301 East Front St.  
Statesville, NC 28677

Basic Finance  
301 E Front St.  
Statesville, NC 28677

BBT  
200 West Second St.  
Winston-Salem, NC 27101

Capital Collection Svcs  
P.O. Box 150  
W Berlin, NJ 08091

Capital One  
P.O. Box 71083  
Charlotte, NC 28272

CBE Group  
131 Tower Park Dr., Suite 100  
Waterloo, IA 50701

Charlotte Radiology  
PO Box 30488  
Charlotte, NC 28230

Check City  
2729-B West Broad St.  
Richmond, VA 23220

Creekside Finance  
1546 East Broad Street  
Statesville, NC 28625

CU Recovery  
26263 Forest Blvd.  
Wyoming, MN 55092

Dept of Ed/Nelnet  
3015 Parker Rd. Ste 400  
Aurora, CO 80014

Diversified Consultants  
10550 Deerwood Park Blvd #309  
Jacksonville, FL 32256

Diversified Loan  
Consultants/Charte  
P.O. Box 551268  
Jacksonville, FL 32255

Dr. Timothy Burgiss  
P.O. Box 70  
Union Grove, NC 28689

Energy United  
PO Box 1831  
Statesville, NC 28687

Enhanced Recovery Co.  
P.O. Box 57547  
Jacksonville, FL 32241

Financial Corporation of America  
P.O. Box 203500  
Austin, TX 78720

Fingerhut  
P.O. Box 166  
Newark, NJ 7101

Fingerhut/Web Bank  
6250 Ridgewood Road  
St. Cloud, MN 56303

Franklin Collection Svc.  
Attn: Bankruptcy Clerk, PO Box  
3910  
Tupelo, MS 38803

Henrico County Utilities  
c/o Ballato Law Firm  
3721 Western Pkwy  
Richmond, VA 23233

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Iredell County Tax Collector  
P.O. Box 1027  
Statesville, NC 28687

Iredell Memorial Hospital  
P.O. Box 1828  
Statesville, NC 28687

Iredell Radiology  
P.O. Box 671  
Statesville, NC 28687

Kimbrell's  
146 E. Broad Street  
Statesville, NC 28677

KRS Holdings  
c/o Dankos Gordon & Tucker PC  
1360 E Parham Rd. #200  
Richmond, VA 23228

Mariner Finance  
203 Eastside Dr.  
Statesville, NC 28625

MCV Physicians  
c/o Parrish & LeBar  
5 E Franklin St.  
Richmond, VA 23219

NC Department of Revenue  
P.O. Box 1168  
Raleigh, NC 27602

NRS BPO LLC  
1930 Olney Ave  
Cherry Hill, NJ 08003

Parrish & Lebar  
5 E. Franklin St.  
Richmond, VA 23219

Piedmont Healthcare  
P.O. Box 1845  
Statesville, NC 28687

Pineview Builders  
933 Tomlin Mill Rd  
Statesville, NC 28625

Professional Recovery Consultants  
2700 Meridian Pkwy Ste 200  
Durham, NC 27713

Progressive Leasing  
256 W Data Dr  
Draper, UT 84020

Progressive Leasing  
256 W Data Dr.  
Draper, UT 84020

Receivables Performance  
20816 44th Ave W  
Lynwood, WA 98036

Renaissance Glenwood LP  
c/o Solodar & Solodar  
4825 Radford Ave #201  
Richmond, VA 23230

Stern Recovery Svcs  
415 N Edgewood St. Ste 210  
Greensboro, NC 27401

Suntrust  
P.O. Box 305183  
Nashville, TN 37230

US Attorneys Office  
100 Otis Street, Rm 207, US  
Courtho  
Asheville, NC 28801

Verizon Wireless  
P.O. Box 660108  
Dallas, TX 75266

Wells Fargo  
P.O. Box 45038  
Jacksonville, FL 32232

Wells Fargo Bank  
P.O. Box 45038  
Jacksonville, FL 32232

Woodforest National Bank  
P.O. Box 7889  
The Woodlands, TX 77381

Woodforest National Bank  
P.O. Box 7889  
The Woodlands, TX 77381